

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040232

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR

TOWN

ST. LOUIS

Reside on Farm

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

ST. LOUIS CITY HOSP. #. I

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

518 EAST PRAIRIE

3. NAME OF DECEASED

(Type or print)

First

JAMES

Middle

Last

GEORGE

4. DATE

OF

DEATH

Month

10-17-62

Day

Year

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

OCT 26, 1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED DAY LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

GREECE

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George

13b. MOTHER'S MAIDEN NAME

George

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

June George

518 EAST PRAIRIE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

DUE TO (b)

Multiple Myeloma

DUE TO (c)

203 X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

8-30-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

10-17-62

20f. CITY, TOWN, OR LOCATION

10-17-62

COUNTY

10-17-62

STATE

21. I attended the deceased from

12:45 a.m.

to

10-17-62

and last saw her

him alive on

10-17-62

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John M. C. Smith

(Degree or title)

M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

10-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

OCT 19, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. MATTHEWS CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

Mo.

24. FUNERAL DIRECTOR

Thomas Patis

ADDRESS

2906 Gravois

25. DATE RECD. BY LOCAL REG.

OCT 18 1962

26. REGISTRAR'S SIGNATURE

Road Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. A. Humphrey*
Licensed Embalmer No. 4772

P. O. Address 2906 Chancery

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.